

***FINAL MINUTES***  
**New Hampshire State Commission on Aging**  
**Monday, September 19, 2022 10:00 a.m.-noon**  
**Philbrook Building, 121 South Fruit St., Concord, NH**

**Present in person:** Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Sunny Mulligan Shea, DOJ; Susan Buxton, Long-Term Care Ombudsman; Wendi Aultman, DHHS; Janet Weeks, DOL; Eduardo R. Fernandez, DOS; Appointed by the Governor: Susan Ruka, Suzanne Demers, Susan Denopoulos Abrami, Beth Quarm Todgham, Daniel Marcek, Doug McNutt, Roxie Severance  
Rebecca Sky, Executive Director; Chris Dugan, Communications and Engagement Director

**Present via teleconference:** Lynn Lippitt, NH Housing Finance Authority; Shelley Winters, DOT; Rev. Susan Nolan, Kristi St. Laurent, Laurie Duff

**Absent:** Sen. Ruth Ward; Rep. James MacKay; Rep. Charles McMahon; Richard Lavers, NHES; Harry Viens, Rep. Lucy McVitty Weber

**Presenter:** Judith Jones, Esquire, New Hampshire Legal Assistance

**Guests present in person:** Ilana Illsley, Shawn Jones

**Guests present via teleconference:** Jennifer Rabalais, Carole Boutin, Heather Carroll, Kris Hering, Jon Eriquezzo, Joan Marcoux, Kristin Barnum, RN, Dawn Tierney, Isadora Rodriguez-Legendre, Samantha Seebode, Caitlin Sullivan, Rebecca Bryant, Brian Clark, Melodie Mere', Jody Farwell, Martha McLeod, Kim Murphy, (phone number 603-937-4230).

**I. Welcome, Attendance, Review of Minutes**

Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. She welcomed new members Roxie Severance and Rep. Lucy McVitty Weber. Ms. Severance thanked Chair Campion for her welcome and briefly introduced herself to the Commission. She lives in Whitefield and has worked with older adults for much of her career. Her current focus is on the health-care workforce.

Today's meeting was held concurrently in person at the Philbrook Building and via teleconference. Because the state Emergency Order is no longer in place, a quorum of Commission members must be present in person to take action.

Clerk Roberta Berner took attendance, noting which Commission members were attending in person or remotely. With 15 Commission members attending in person, a quorum was present.

Chair Campion asked for a motion to approve the July Commission meeting minutes. Doug McNutt made a motion to approve the July minutes; Sue Buxton seconded the motion. By roll-call vote, members approved the July minutes with Ms. Severance abstaining.

## **II. COA Task Force Updates and Proposal of Recommendations for Annual Report (Draft attached to meeting materials)**

Executive Director Rebecca Sky shared last year's Annual Report to provide an overview of anticipated content in the 2022 report. Dan Marcek asked if the Commission had received any feedback on the report from recipients in state government. Chair Campion said that content of the report had been used in Legislative hearings and that she had heard responses from members of various committees involved with Health and Human Services and aging issues. Rebecca Sky added that the Executive Summary is shared and brought up repeatedly during the year. Mr. Marcek asked if there could be a more formal way for the Commission to get feedback from recipients. Chair Campion said that it was less about the report, per se, than about the content that we are working to move forward.

- A. **Age-Friendly State Task Force: Dan Marcek & Sunny Mulligan Shea**  
Co-chairs Dan Marcek and Sunny Mulligan Shea presented the Task Force's three objectives (see draft document, attached). They discussed the impact of the pandemic on the reduced availability of volunteer transportation in the state and reiterated that housing and transportation were key to ensuring an "age-friendly" state. Insurance issues have been a stumbling block for those trying to develop shared housing. They focused on how the state's aging population should be viewed as a great resource and discussed the potential for technology to be more helpful in the future, particularly in a state with a small population.

Wendi Aultman said that she appreciated all of the Task Forces' information and sees an opportunity to incorporate some of it into the upcoming State Plan on Aging.

Doug McNutt said that it is clear that in regard to housing, millennials and older people want the same kind of housing and that using the concept of "age friendly" can lead to making housing more accessible for everyone. He felt there was capacity for increased home sharing.

- B. **Aging in Community of Choice Task Force: Kristi St. Laurent**  
Chair Kristi St. Laurent outlined the objectives and recommendations developed by the Task Force (see draft document). The group focused this year on New Hampshire's counties' substantial role in financing long-term care in the state and the potential for pilot programs using American Rescue Plan Act funds. The Task Force also reviewed the Choices for Independence program in the state and some of the barriers to aging in one's own home and community, including serious workforce shortages.
- C. **Emerging Issues Task Force: Sue Buxton & Suzanne Demers**  
Co-chair Sue Buxton discussed how the Task Force first focused on the pandemic and its effect on older adults, particularly in long-term care. The

group has since broadened its focus, particularly analyzing workforce challenges and isolation among older adults. The Task Force also reviewed the need to change the senior center model as a result of the pandemic—offering outdoor pavilions, setting up pickleball courts, and expanding on-line programming. (See draft document, attached).

**D. Operational Infrastructure Task Force: Polly Campion**

Chair Polly Campion referred the group to the draft document and thanked Executive Director Rebecca Sky for her work to keep the Commission focused and working optimally. Chair Campion thanked those members entering their second term for their willingness to continue serving. She also mentioned the hard work of the Task Force’s subcommittee, formed last year to focus on legislation and interactions with the Legislature.

Rebecca Sky asked Commission members to review the draft Annual Report so that it can be finalized for a vote at the October Commission meeting. The Report must be submitted by November 1 each year. Chair Campion said that she believes the work the Commission has done is outstanding and is making a difference in the lives of all of us as we age.

**III. Home and Community Based Services—Barriers to Access & Options for Improvement (Presenter: Judith Jones, Esq., New Hampshire Legal Assistance) (Attached: Barriers to Accessing Home and Community Based Services, 7/28/22; Application Process Nursing Facility and HCBS-CFI)**

Attorney Judith Jones is working for New Hampshire Legal Assistance through an 18-month grant to address barriers to accessing long-term home care in the state. She previously was in private practice and had worked with approximately 100 individuals applying for Medicaid long-term care.

Her hand-out graphing the application process (attached) illustrates the pressures for families, providers, and the NH Department of Health and Human Services to meet financial and timeline requirements to qualify for Medicaid long-term care. The process is complex and especially burdensome for people with difficulty navigating the bureaucratic requirements.

Ms. Jones provided a hypothetical example of an older individual who had fallen at home, required hospitalization, then needed rehabilitation and long-term care. She discussed resource assessment and the sorts of expenses that would qualify for the “spend down” to achieve eligibility for Medicaid long-term care. She also emphasized that once the individual has qualified for Medicaid long-term care, Medicaid will pay a nursing home retroactively but will not pay retroactively for home and community-based care.

She said that most states, but not New Hampshire, use an asset verification system which helps to streamline the process to some degree. She would like to see a “How to Access Choices for Independence” brochure available for ServiceLink

use in the state and also would like to see ServiceLink staffing and expertise bolstered so that the Aging and Disability Centers could further assist CFI applicants. In addition, she proposed instituting presumptive eligibility for CFI and adding caregiver support as an acceptable part of the state's Medicaid waiver for home and community-based care.

**IV. Nominations for Incoming COA Chair**

Polly Campion's term as chair of the Commission is coming to an end and she said that she would like to see the Commission transition to a new chair in January 2023. At the October Commission meeting, nominations will be accepted for the election to take place in November. The term of the new chair will be two years, parallel to the terms of incoming state legislators.

Sue Buxton thanked Chair Campion for her outstanding leadership of the Commission. Dan Marcek added that the Commission would not exist without her leadership in the Legislature, since she was the key sponsor of the Legislation that created the organization. Susan Denopoulos Abrami asked if the Commission could renominate her for another term. Chair Campion said that she could be renominated, but she would decline the nomination.

**V. Commission Community Outreach**

Chris Dugan reminded members of the need to spread the word about the Commission by speaking at senior centers, local civic organizations, and other groups. He had provided a hand-out about the outreach effort at the July Commission meeting. He said that he would reach out directly to individual Commission members to follow up.

**VI. Public Input**

Members of the public requested Ms. Jones' hand-outs about the application process for Medicaid long-term care and barriers to accessing home and community-based services.

**VII. Adjournment**

Chair Campion adjourned the meeting at noon. The next meeting will take place either the second or third Monday in October, depending on location. New member orientation will take place following the November meeting from noon to 1 p.m.



## Barriers to Accessing Home and Community Based Services (HCBS) July 28, 2022

1. [Lack of Program Awareness](#) – Individuals including applicants and potential referring agencies (e.g., family caregivers; hospital and nursing facility discharge planners; and health care providers including primary care, neurologists, and gerontologists) are not aware that HCBS are available.
2. [Confusion Regarding Program Eligibility and Services](#) – Applicants and referring agencies that are aware of the availability of HCBS, do not have a good understanding of program eligibility requirements and/or the type and frequency of services available.
3. [Complex and Burdensome Application Process](#) – HCBS applicants must produce a significant amount of detailed information to establish financial eligibility. Information about the eligibility process, the documents required to establish eligibility, and pending application status is not consistently available.
4. [Lack of Assistance to Navigate the Application Process for Isolated, Medically Frail, and/or Individuals with Limited or No Capacity to Make Medical and Financial Decisions](#) –Mechanisms that provide in-depth application assistance are not available. Frail, medically compromised, and isolated applicants may not have the ability to maneuver the complex application process. These individuals may include persons: (i) with reduced capacity who are working with a service provider, but who decline home care services due to impaired insight regarding personal limitations; (ii) with legal capacity to execute power of attorney documents but who do not have documents in place; and (iii) without capacity to execute power of attorney documents. Without timely intervention (e.g., execution of power of attorney documents, and education for agents serving under health care and financial power of attorney documents), these individuals may ultimately require emergency hospital services, and guardianship.
5. [Delays in Eligibility Determinations](#) - Individuals applying for HCBS experience lengthy delays. As a result, receipt of HCBS services is not a viable alternative to nursing facility placement. Individuals in a hospital setting, in the Adult Protective Services system, or at risk of homelessness are most significantly impacted by eligibility delays. For example, homeless outreach workers are reporting an increase in individuals 60 and older who need HCBS in place either in a shelter setting or in order to secure permanent housing.
6. [Restrictive Financial Eligibility Standards](#) – In order to meet financial eligibility criteria, individuals must spend down resources to below \$2,500. As a result, many individuals do not have adequate funds to pay for basic items and services needed to remain safely in the community, such as home and vehicle repair. For married individuals, eliminating the federal spousal impoverishment standards (e.g., pre-ACA standard) would avoid the need for a Resource Assessment and spend down.
7. [Lack of Information Available to Diverse and Rural Communities](#) – Information about services is increasingly web-based. Individuals may not have internet familiarity or access. In addition, information is often only available in English. The ServiceLink web pages are available in most languages. However, pamphlets regarding HCBS services are only available in English.
8. [Lack of Available Workers to Provide Needed Services](#) – Individuals found to be eligible for HCBS often go without needed services because workers are not available to provide needed services. Home care agencies repeatedly report individuals going without services because staff are not available to fulfill care plans.

### Focus on Specific Barriers

**Complex and Burdensome Application Process - Information about eligibility and the documentation needed to establish eligibility are not readily available to applicants.**

- Married HCBS applicants must now have a Medicaid Resource Assessment and if applicable “spend down.” Information about the Resource Assessment is on not on DHHS web pages or in consumer pamphlets;
- HCBS applicants must provide five (5) years of very detailed financial information. This requirement is not on DHHS web pages or in consumer pamphlets.
- HCBS is available under the Medicaid Granite Advantage program. The Granite Advantage program (serves individuals not on Medicare and 18-64) does **not** have a resource test for financial eligibility. Information about Granite Advantage HCBS services is only in the HCBS Waiver application filed with the Centers for Medicare & Medicaid Services (CMS) and is not in the DHHS policy manual (MAM) or regulations.
- The income limit for the HCBS Choices for Independence program (CFI) in 2022 is \$2,523/month. Individuals with incomes above this limit may still be income eligible for CFI through a “hypothetical” spend down amount (e.g., the average Medicaid nursing facility reimbursement rate). This information is only available in the CFI Medicaid Waiver application filed with CMS.

**DHHS could provide more complete eligibility and application information, elect to streamline the application process, and fund mechanisms to assist consumers.**

**Restrictive Financial Eligibility Standards – Medicaid resource limits create financial hardships that result in the need for more costly Medicaid nursing facility services.**

- Beginning (approximately) in August 2017, married HCBS applicants in New Hampshire became subject to Affordable Care Act (ACA) federal spousal impoverishment rules. As a result, married HCBS applicants must have a Medicaid Resource Assessment and if applicable “spend down” assets. Prior to the ACA, the application of the spousal impoverishment rules to HCBS applicants was optional and DHHS did not count assets belonging to an applicant’s spouse. **DHHS could revert to the pre-ACA system and avoid the need for a Resource Assessment and spend down.**<sup>1</sup>
- Single individuals are allowed to retain only \$2,500 in countable assets. This resource limit leaves insufficient funds to pay for routine household necessities such as home/vehicle repair, property taxes or other services needed to supplement the HCBS care plan. In addition, funds may also need to be spent down throughout the benefit period. If monthly income is not spent in the month of receipt, it is treated as a countable resource in the following month, and countable resources must remain below \$2,500. By way of example, if an individual saves \$300 of monthly income received in May, the \$300 is treated as a countable resource in the month of June. Any portion of the \$300 that places an individual over the \$2,500 resource limit must be spend down before the end of May, making it impossible to save funds for expenses such as car repairs, appliance replacement or dental work. **DHHS could increase the HCBS resource limit. Vermont has a Medicaid program that disregards \$10,000 in assets.**<sup>2</sup>

**Significant Delays in Application Processing and No Access to Application Status – Application delays eliminate HCBS as a viable alternative to nursing facility placement. Individuals in a hospital setting, in the Adult Protective Services system, or at risk of homelessness are most significantly impacted by financial eligibility delays. **DHHS could implement presumptive eligibility standards for HCBS applicants.****

**Workforce Shortage – In addition to appropriate funding, this issue could be addressed by strengthening services for family caregivers by (1) allowing payments to caregivers who are FDPOA/guardians and (2) including caregiver coaching/support as a care plan service.**

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<sup>1</sup> DHHS would be required to file a State Plan Amendment with CMS. If financial eligibility changes were sought prior to June 30, 2023, DHHS would need to consider whether the requirements of RSA 91:34 (under HB 2) are applicable.

<sup>2</sup> See foot note 1.